

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Robert W. Levi Docket No.: 42616.0600
 Robert R. Marshall

Serial No.: Group Art Unit:

Filed: Examiner:

TITLE: GYRO AIDED MAGNETIC COMPASS

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As the below named inventors, we hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

An original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled GYRO AIDED MAGNETIC COMPASS, the specification of which:

is attached hereto.
 [] was filed on _____ as Application Serial No. _____ and
 was amended on _____ (if applicable).

We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 C.F.R. §1.56.

We hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Priority Not Claimed

Number	Country	Filing Date
_____	_____	_____
_____	_____	_____

We hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

60/399,891	July 31, 2002
Application Number	Filing Date
Application Number	Filing Date

We hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

Application Serial No.	Filing Date	Status — Patent, Pending, Abandoned
Application Serial No.	Filing date	Status — Patent, Pending, Abandoned

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY

As a below named inventors, we hereby appoint the following attorneys to prosecute the above-captioned United States patent application and to transact all business in the United States Patent and Trademark Office connected therewith and with the resulting patent, individually and collectively:

SNELL & WILMER L.L.P.
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and the registered attorneys associated with Snell & Wilmer's Customer Number 21611.

Please send all further correspondence to Snell & Wilmer L.L.P. at the above address.

Full name of first inventor: Robert W. Levi

Inventor's signature: Robert W. Levi Date: 7/10/2003

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Full name of second inventor: Robert R. Marshall

Inventor's signature: Robert R. Marshall Date: July 10, 2003

Residence: 588 North Silver Fox Court, Walnut, California 91789

City _____ State/Country _____

Citizenship: United States of America

Post Office Address: same as above

Zip Code: _____

Full name of third inventor: _____

Inventor's signature: _____ Date: _____

Residence: _____
City _____ State/Country _____

Citizenship: _____

Post Office Address: _____

Zip Code: _____